

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

CITIZENS FOR STRENGTH AND SECURITY

(b) Address (number and street) ☐ check if different than previously reported

1718 M STREET NW S342

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30001259**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8**(b) Communication Title**

Back When - Jobs

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: 527 Political Org.**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Lora Haggard

(b) Address (number and street)

1718 M Street, NW

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Citizens For Strength And Security

(e) Occupation

Treasurer

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

215.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Lora Haggard

SIGNATURE Electronically Filed by Lora Haggard

DATE 10/21/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.